		Complete if Known	
Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*		Application Number	09/993,200
FEE TRANSMITTAL		Filing Date	November 6, 2001
APR 21 2005 **For FY 2005**		First Named Inventor	A. Dirnberger
		Examiner Name	Gary W. Estremsky
☐ Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3676
TOTAL AMOUNT OF PAYMENT ($) 1240		Attorney Docket No.	16616-4

METHOD OF PAYMENT (check all that apply)

☐ Check   ☑ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): _____

☑ Deposit Account   Deposit Account Number: 23-3030   Deposit Account Name: Woodard Emhardt

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☑ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
_____ - 20 or HP = _____ x _____ = _____				Fee ($)	Fee Paid ($)
HP = highest number of total claims paid for, if greater than 20				_____	_____

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP = _____ x _____ = _____			
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other: Request for Continued Examination ($790) and Request for Extension of Time ($450)   1240

SUBMITTED BY

Signature	*[signature]*	Registration No. (Attorney/Agent) 32,201	Telephone 317-634-3456
Name (Print/Type)	Clifford W. Browning		Date April 19, 2005